

Figure 1

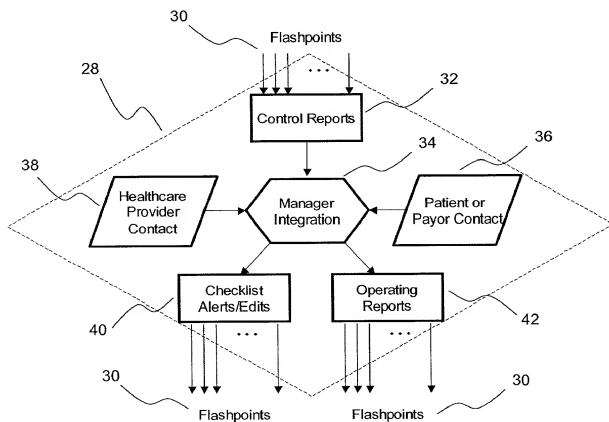


Figure 2

44

46

Flashpoint	Activities	Required Information
PRE-REGISTRATION	<ol style="list-style-type: none"> 1. Must complete required demographic fields. Minimum fields. 2. Must complete insurance information. 3. Interface with scheduling and other departments i.e., surgery, laboratory, x-ray, etc. 4. Alerts to complete authorization process. 5. Alerts to complete insurance verification process. Interactive online with Medicare, Card and other electronic payors. 6. Automated Checklist 7. Automated Deposit Calculation 	<ol style="list-style-type: none"> 1. Report of information needed prior to service. 2. Report of information needed by patient in date of service order i.e. authorization, demographics, insurance information, etc.

Figure 3a

INCOMPLETE PRE-REGISTRATION REPORT

48

Planned Date	Account #	Name	Type of Service	Outstanding Item	Responsible Party

Figure 3b

52

Flashpoint	Activities	Required Information
ADMISSION/ REGISTRATION	<ol style="list-style-type: none"> 1. Obtain all open items when patient presents. 2. Automated checklist of required information. <ol style="list-style-type: none"> a. Signed forms b. Scanned copy of insurance card c. Carrier specific forms signed. 3. Payor specific edits, i.e. 72 hour rule, observation, etc. 4. Assigns all profiles. 5. Automated deposit calculation. 	<ol style="list-style-type: none"> 1. Report of all open missing items for that day of service. 2. Day end report of incomplete registrations.

Figure 4a

INCOMPLETE REGISTRATION REPORT

Date of Admit	Account #	Name	Type of Service	Outstanding Item	Responsible Party

Figure 4b

Flashpoint	Activities	Required Information
IN-HOUSE	<ol style="list-style-type: none"> Benefit depletion review Re-certification/Authorization alerts 	<ol style="list-style-type: none"> Report of potential benefit problem. Report of potential authorization problems. Report of incomplete information patients.

Figure 5a

BENEFIT DEPLETION REPORT

Account #	Name	FC	Admit Date	Balance	Max Benefit \$	Days Max	Responsible Party

Figure 5b

CERTIFICATIONS/AUTHORIZATIONS EXPIRING R REPORT

Date Expires	Account #	Name	Balance	Admit Date	FC	Ins. Co.	Phone #	Responsible Party

Figure 5c

Flashpoint	Activities	Required Information
DISCHARGE	<ol style="list-style-type: none"> 1. Formal discharge edit with outstanding items highlighted. 2. Apply all billing edits. 	<ol style="list-style-type: none"> 1. List of daily discharges. 2. List of information needed. 3. Medical records reports to prioritize outstanding uncoded accounts.

Figure 6a

URGENT INFORMATION OUTSTANDING REPORT

Admit Date	Account #	Name	FC	Days to Bill	Info. Needed	Responsible Party

Figure 6b

DISCHARGE BILLING EDITS REPORT

Billing Date	Account #	Name	FC	Balance	Info. Needed/Edit	Responsible Party

Figure 6c

00019061-071601

Figure 7a

Figure 7b

80

Flashpoint	Activities	Required Information
BILLING	<ol style="list-style-type: none"> 1. Separates and directs claim electronically if possible. 2. Hard copy claims are dropped by type. 3. Account is updated with receipt stamp indicating claim was received or mailed. 4. Account is tagged for follow-up date per profile. 5. Automatic adjustment is made to each account based upon the profiled insurance. 	<ol style="list-style-type: none"> 1. Report of all claims old enough to bill but not clearing edits. 2. Listing of all billed claims by day. 3. A report/log is maintained by payor for adjustments to each account is detailed. 4. Reconciliation to all out-patient registration and discharges.

Figure 8

0909054-071601

FOLLOW-UP REPORT

CONTRACTUAL ADJUSTMENT EXCEPTION REPORT

Figure 9c

FOLLOW-UPS BY REPRESENTATIVE REPORT

100 Representative :

Account #	Name	FC	Discharge Date	Balance	Scheduled Follow-Up Date

Figure 9d

102

09849064-071601

OPERATING REPORT

104	{	Gross Accounts Receivable (A/R) Days
		Excluding Self-Pay
106	{	In-Patient (IP) A/R Days by Financial Class (FC)
		Out-Patient (OP) A/R Days by FC
		IP and OP A/R Days by FC
108	{	IP A/R Balance by FC
		OP A/R Balance by FC
		Commercial A/R Balance by FC
110	{	IP Revenue by FC
		OP Revenue by FC
		IP Average Daily Revenue (ADR) by FC
112	{	OP ADR by FC
		A/R Balance
114	{	Cash
		Goal
		Actual
		Variance
116	{	Unbilled \$
		In-Patient
		Out-Patient
		Total
		Unbilled Days

Figure 10a

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118 {	Bad Debt Write-off Agency Placements Medicare Bad Debt Bad Debt Write-Off Charity Write-Off Other Write-Off Total Write-Off
120 {	Bad Debt Recoveries Credit Balance Amount No. of Accounts
122 {	Revenue by Service In-Patient Out-Patient Total Revenue
124 { 126 {	Days In Month Average Daily Revenue by Service In-Patient Out-Patient Total

Figure 10b

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128

Formula/Description	Source
Average Daily Revenue = Prior 3 months revenue ÷ # of days in prior 3 months	Prior 3 months revenue = Financial Class Revenue Summary
Gross A/R Days = Month end debit A/R ÷ Average Daily Revenue	A/R = Aged A/R Analysis

Figure 11a

130

132

Revenue Item	Standard for Comparison
Gross A/R Days	52
Medicare Days	32
Medicaid Days	45
Blue Cross Days	35
Commercial HMO/PPO Days	57
Self-Pay Days	62
In-Patient Days	50
Out-Patient Days	60
Ambulatory Surgery Days	48
Emergency Room Days	57
Clinic Days	30

Figure 11b

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134

Item	Formula/Description	Source	Standard
Total A/R	This figure represents the total debit accounts receivable. Excludes credits and bad debts.	Aged A/R Analysis (Total)	ADR x 52
Total # of Accounts	Total number of patient accounts with outstanding debit balances as of month end.	Aged A/R Analysis	2 x prior 2 months average # of total visits.
Credit Balance Dollars	The aggregate dollar amount of patient accounts with open credit balances.	Report Generator	Not to exceed 1.5 x average daily revenue, no credits over 6 months old.
Credit Balance #	The number of patient accounts comprising the credit balance accounts indicates the volume of work needed to resolve outstanding credit balance.	Report Generator	N/A

Figure 12a

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Figure 12b

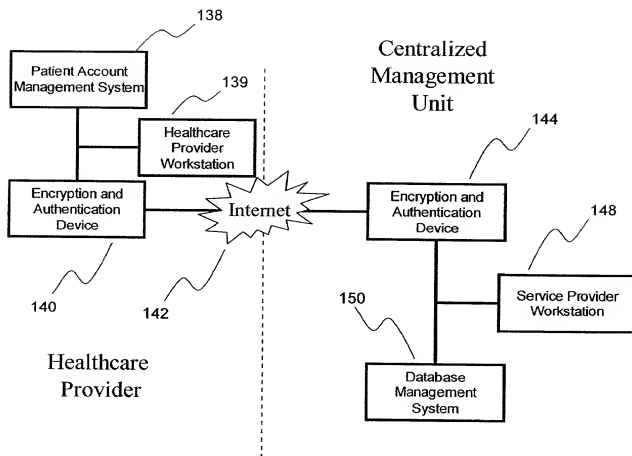


Figure 13

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00040054-071001
100120-1000400

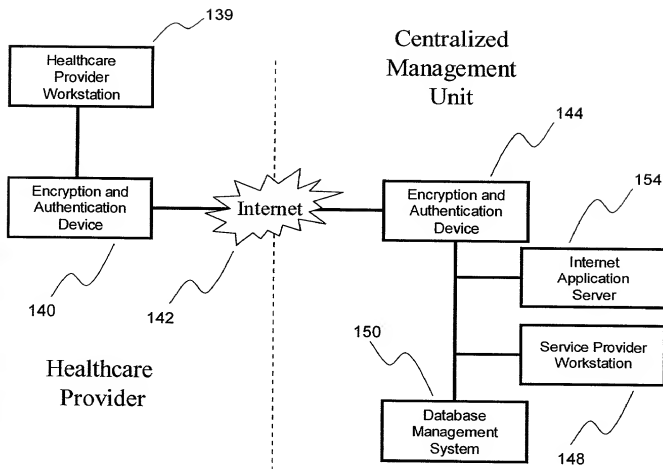


Figure 14